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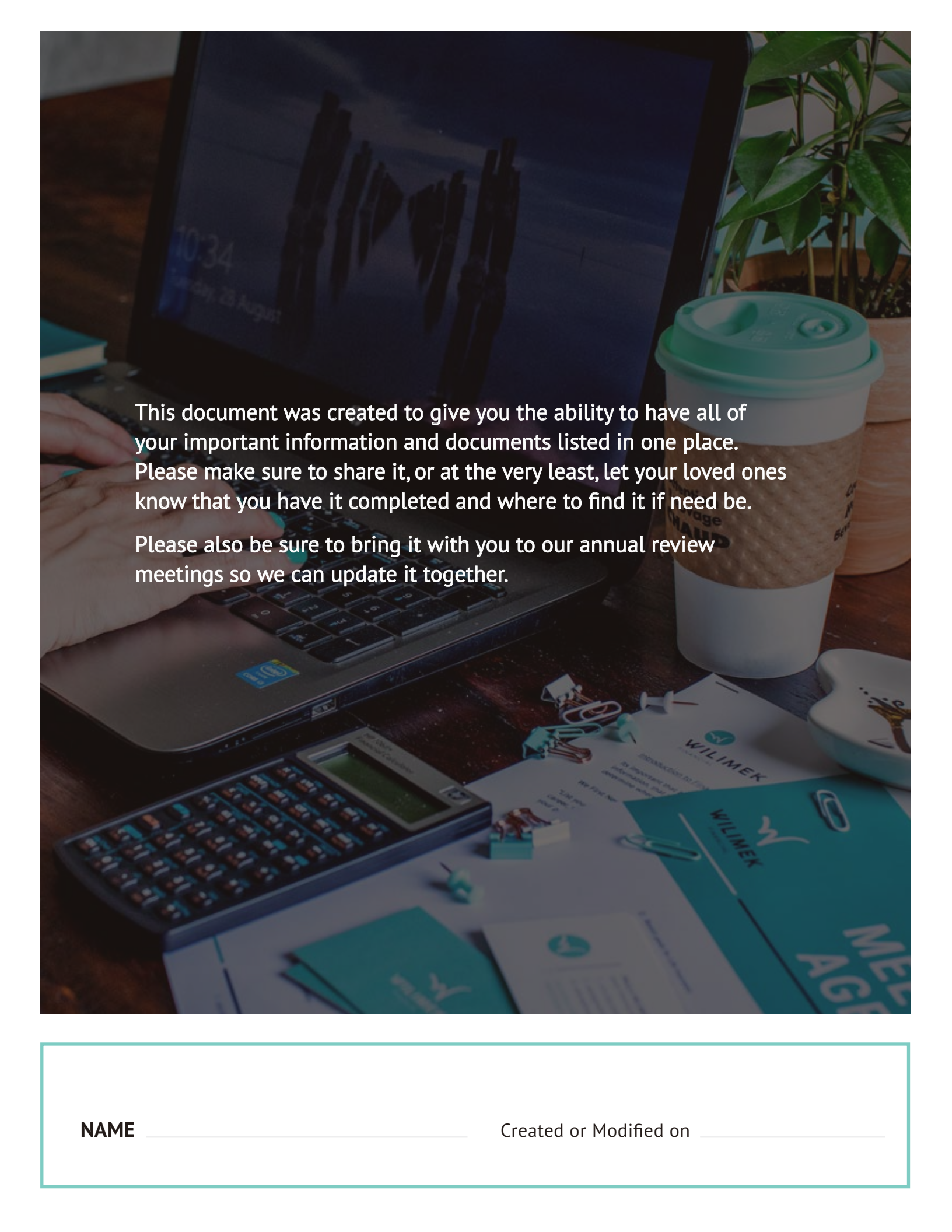
**YOUR  
PERSONAL  
RECORDS  
ORGANIZER**

”



**WILIMEK**  
FINANCIAL



A photograph of a desk with a laptop, a coffee cup, a calculator, and papers. The laptop screen shows the time 10:34 and the date Monday, 23 August. The coffee cup is white with a green lid and a brown sleeve. The calculator is blue and black. The papers are white and green, with the Wilimek logo and the word 'MEETING' visible. The background is a wooden desk with a potted plant.

This document was created to give you the ability to have all of your important information and documents listed in one place. Please make sure to share it, or at the very least, let your loved ones know that you have it completed and where to find it if need be. Please also be sure to bring it with you to our annual review meetings so we can update it together.

**NAME** \_\_\_\_\_ Created or Modified on \_\_\_\_\_

## NEXT OF KIN

Name \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

“ **MONEY ISN'T EVERYTHING BUT EVERYTHING NEEDS MONEY** - ANONYMOUS ”

## OTHERS

**Executor** \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

**Financial security advisor** \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

**Employer/business partner(s)** \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

**Lawyer** \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

**Accountant** \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

**Doctor** \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

**Dentist** \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

**Bank/credit union** \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

**Stock broker** \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

**Trust officer** \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

## YOUR WILL

Do you have a will?  Yes  No

The original is located \_\_\_\_\_

A copy is located \_\_\_\_\_

The will was dated/last updated on \_\_\_\_\_

## LIVING WILL

Do you have a living will?  Yes  No

Where is your living will kept? \_\_\_\_\_

Power of Attorney \_\_\_\_\_

Do you have a power of attorney?  Yes  No

Who \_\_\_\_\_

Arrangements are made through \_\_\_\_\_

The original is located \_\_\_\_\_

A copy is located \_\_\_\_\_

## ORGAN DONATION

Are you donating your organs or body for transplant, medical research or education?  Yes  No

If yes, have you explained this in your:

Will  Organ donor card  Driver's License

## FUNERAL ARRANGEMENTS

Have you made funeral arrangements?  Yes  No

Funeral home and address \_\_\_\_\_

Telephone \_\_\_\_\_

Have you set out instructions for burial/cremation or funeral?  Yes  No

Are these instructions in your will?  Yes  No

In a letter?  Yes  No

They are located \_\_\_\_\_

Do you have a cemetery plot?  Yes  No

Have you provided for its ongoing care?  Yes  No

The plot is located \_\_\_\_\_

The deed to it is kept \_\_\_\_\_

## PERSONAL RECORDS

Date of birth \_\_\_\_\_

Place of birth \_\_\_\_\_

Birth certificate is located \_\_\_\_\_

Social insurance/social security number \_\_\_\_\_

Citizenship papers  Yes  No

They are located \_\_\_\_\_

Marriage certificate  Yes  No

Located \_\_\_\_\_

Military service  Yes  No

Discharge papers located \_\_\_\_\_

Country served \_\_\_\_\_

Veteran's number \_\_\_\_\_

## PREVIOUS EMPLOYERS

Please list chronologically

Employer \_\_\_\_\_

Years \_\_\_\_\_

Address/email \_\_\_\_\_

Employer \_\_\_\_\_

Years \_\_\_\_\_

Address/email \_\_\_\_\_

Employer \_\_\_\_\_

Years \_\_\_\_\_

Address/email \_\_\_\_\_

Employer \_\_\_\_\_

Years \_\_\_\_\_

Address/email \_\_\_\_\_

Employer \_\_\_\_\_

Years \_\_\_\_\_

Address/email \_\_\_\_\_

## BANK ACCOUNTS

Bank/credit union \_\_\_\_\_  
Branch \_\_\_\_\_  
Account # \_\_\_\_\_  
Type \_\_\_\_\_  
Password \_\_\_\_\_

Bank/credit union \_\_\_\_\_  
Branch \_\_\_\_\_  
Account # \_\_\_\_\_  
Type \_\_\_\_\_  
Password \_\_\_\_\_

Bank/credit union \_\_\_\_\_  
Branch \_\_\_\_\_  
Account # \_\_\_\_\_  
Type \_\_\_\_\_  
Password \_\_\_\_\_

Bank/credit union \_\_\_\_\_  
Branch \_\_\_\_\_  
Account # \_\_\_\_\_  
Type \_\_\_\_\_  
Password \_\_\_\_\_

## FINANCIAL COMMITMENTS

### Rent or mortgage payments

Amount \_\_\_\_\_  
Due date \_\_\_\_\_  
Lender/address \_\_\_\_\_  
Password \_\_\_\_\_

### Outstanding loans & type

Amount \_\_\_\_\_  
Due date \_\_\_\_\_  
Lender/address \_\_\_\_\_  
Password \_\_\_\_\_

Amount \_\_\_\_\_  
Due date \_\_\_\_\_  
Lender/address \_\_\_\_\_  
Password \_\_\_\_\_

### Bills paid through automatic payment plan

Amount \_\_\_\_\_  
Due date \_\_\_\_\_  
Lender/address \_\_\_\_\_  
Password \_\_\_\_\_

Amount \_\_\_\_\_  
Due date \_\_\_\_\_  
Lender/address \_\_\_\_\_  
Password \_\_\_\_\_

Amount \_\_\_\_\_  
Due date \_\_\_\_\_  
Lender/address \_\_\_\_\_  
Password \_\_\_\_\_

Amount \_\_\_\_\_  
Due date \_\_\_\_\_  
Lender/address \_\_\_\_\_  
Password \_\_\_\_\_

### Other financial commitments

For \_\_\_\_\_  
Located \_\_\_\_\_  
Password \_\_\_\_\_

For \_\_\_\_\_  
Located \_\_\_\_\_  
Password \_\_\_\_\_

## LIFE INSURANCE

### Policies you own on your life

Company \_\_\_\_\_

Policy number \_\_\_\_\_

Policy is located \_\_\_\_\_

Company \_\_\_\_\_

Policy number \_\_\_\_\_

Policy is located \_\_\_\_\_

### Policies you own on others

Company \_\_\_\_\_

Policy number \_\_\_\_\_

Policy is located \_\_\_\_\_

Company \_\_\_\_\_

Policy number \_\_\_\_\_

Policy is located \_\_\_\_\_

### Policies others own on your life

Company \_\_\_\_\_

Policy number \_\_\_\_\_

Policy is located \_\_\_\_\_

### Group or association life insurance

Company \_\_\_\_\_

Policy number \_\_\_\_\_

Policy is located \_\_\_\_\_

Company \_\_\_\_\_

Policy number \_\_\_\_\_

Policy is located \_\_\_\_\_

## CRITICAL ILLNESS INSURANCE

Company \_\_\_\_\_

Policy number \_\_\_\_\_

Policy is located \_\_\_\_\_

Company \_\_\_\_\_

Policy number \_\_\_\_\_

Policy is located \_\_\_\_\_

## DISABILITY INSURANCE

Company \_\_\_\_\_

Policy number \_\_\_\_\_

Policy is located \_\_\_\_\_

Company \_\_\_\_\_

Policy number \_\_\_\_\_

Policy is located \_\_\_\_\_

## HOSPITAL AND MEDICAL INSURANCE

Company \_\_\_\_\_

Policy number \_\_\_\_\_

Policy is located \_\_\_\_\_

Company \_\_\_\_\_

Policy number \_\_\_\_\_

Policy is located \_\_\_\_\_

## PENSION PLANS

Are you a member of a registered pension plan?  Yes  No

Carrier name & address \_\_\_\_\_

Carrier name & address \_\_\_\_\_

Information about these plans is located \_\_\_\_\_

Do you have a RRSP?  Yes  No

Carrier name & address \_\_\_\_\_

Carrier name & address \_\_\_\_\_

Information about these plans is located \_\_\_\_\_

Are you a member of a deferred profit sharing plan?  Yes  No

Carrier name & address \_\_\_\_\_

Carrier name & address \_\_\_\_\_

Information about these plans is located \_\_\_\_\_

**INVESTMENTS** | Segregated funds/mutual funds/RESPs

**Fund**

Policy number \_\_\_\_\_

Carrier name and address \_\_\_\_\_

Do you invest regularly using automatic withdrawals?  Yes  No

How often & amount? \_\_\_\_\_

Where is it taken from? \_\_\_\_\_

Do you receive income?  Yes  No

How often & amount? \_\_\_\_\_

Where is it deposited? \_\_\_\_\_

Info about these investments is located \_\_\_\_\_

Password \_\_\_\_\_

**Fund**

Policy number \_\_\_\_\_

Carrier name and address \_\_\_\_\_

Do you invest regularly using automatic withdrawals?  Yes  No

How often & amount? \_\_\_\_\_

Where is it taken from? \_\_\_\_\_

Do you receive income?  Yes  No

How often & amount? \_\_\_\_\_

Where is it deposited? \_\_\_\_\_

Info about these investments is located \_\_\_\_\_

Password \_\_\_\_\_

**Fund**

Policy number \_\_\_\_\_

Carrier name and address \_\_\_\_\_

Do you invest regularly using automatic withdrawals?  Yes  No

How often & amount? \_\_\_\_\_

Where is it taken from? \_\_\_\_\_

Do you receive income?  Yes  No

How often & amount? \_\_\_\_\_

Where is it deposited? \_\_\_\_\_

Info about these investments is located \_\_\_\_\_

Password \_\_\_\_\_

**RRIF and/or annuity contracts**

Policy number \_\_\_\_\_

Carrier name and address \_\_\_\_\_

Do you receive income?  Yes  No

How often & amount? \_\_\_\_\_

Where is it deposited? \_\_\_\_\_

Info about these annuities is located \_\_\_\_\_

Password \_\_\_\_\_

Policy number \_\_\_\_\_

Carrier name and address \_\_\_\_\_

Do you receive income?  Yes  No

How often & amount? \_\_\_\_\_

Where is it deposited? \_\_\_\_\_

Info about these annuities is located \_\_\_\_\_

Password \_\_\_\_\_

**Bonds and government investments**

Do you have any government bonds?  Yes  No

Type of bond \_\_\_\_\_

Bearer \_\_\_\_\_

Registered in my name  Yes  No

Co-registered with \_\_\_\_\_

Serial numbers \_\_\_\_\_

The bonds are located \_\_\_\_\_

Password \_\_\_\_\_

**Securities**

Do you own any stocks or bonds  Yes  No

Info about them is located \_\_\_\_\_

Did you acquire any of them by gift or inheritance?  Yes  No

Are any of your securities pledged for loans?  Yes  No

With whom \_\_\_\_\_

Passwords \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## RESIDENCE AND REAL ESTATE

Type of real estate (house, condo, etc)	Title is held by	Is there a mortgage?	Mortgage is held by

“ **THE GOAL ISN'T MORE MONEY. THE GOAL IS LIVING LIFE ON YOUR OWN TERMS** - CHRIS BROGAN ”

### Where are the following located?

Deeds \_\_\_\_\_

Copy of mortgages \_\_\_\_\_

Property insurance policies \_\_\_\_\_

Land surveys \_\_\_\_\_

Property tax receipts \_\_\_\_\_

Leases \_\_\_\_\_

Building cost figures \_\_\_\_\_

### PERSONAL PROPERTY

List of all the vehicles you own

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Vehicle registrations are located \_\_\_\_\_

Bill of sale and insurance papers are located \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Jewelry, stamp collections, coin collections, etc. are located:

\_\_\_\_\_

Are household furnishings insured?  Yes  No

Bill of sale an inventory of and insurance policies for household furnishings are located: \_\_\_\_\_

\_\_\_\_\_

### DEBTORS AND CREDITORS

#### People who owe you money

Name \_\_\_\_\_

Amount \_\_\_\_\_

Date \_\_\_\_\_

Address/e-mail \_\_\_\_\_

Name \_\_\_\_\_

Amount \_\_\_\_\_

Date \_\_\_\_\_

Address/e-mail \_\_\_\_\_

#### People to whom you owe you money

Name \_\_\_\_\_

Amount \_\_\_\_\_

Date \_\_\_\_\_

Address/e-mail \_\_\_\_\_

Name \_\_\_\_\_

Amount \_\_\_\_\_

Date \_\_\_\_\_

Address/e-mail \_\_\_\_\_

Loan agreements or promissory notes are located: \_\_\_\_\_

\_\_\_\_\_





**THE FASTEST WAY TO DOUBLE YOUR MONEY IS TO FOLD IT OVER AND PUT IT BACK IN YOUR POCKET** - WILL ROGERS



**SAFE DEPOSIT BOX**

Do you have a safe deposit box?  Yes  No

Location \_\_\_\_\_

Names of others who have access to it \_\_\_\_\_

\_\_\_\_\_

Location of the keys \_\_\_\_\_

List of contents is kept \_\_\_\_\_

**CHARITABLE GIFTS**

For \_\_\_\_\_

Address \_\_\_\_\_

For \_\_\_\_\_

Address \_\_\_\_\_

For \_\_\_\_\_

Address \_\_\_\_\_

**CONTRACTUAL OBLIGATIONS**

For \_\_\_\_\_

Located \_\_\_\_\_

For \_\_\_\_\_

Located \_\_\_\_\_

For \_\_\_\_\_

Located \_\_\_\_\_

For \_\_\_\_\_

Located \_\_\_\_\_

**TRUST FUNDS**

Have you created any trusts?  Yes  No

Purpose \_\_\_\_\_

Trust agreement was drawn up by \_\_\_\_\_

Trust papers are located \_\_\_\_\_

**INCOME TAX**

Your tax advisor is \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_

Your tax data and supporting data are located \_\_\_\_\_

**MEMBERSHIPS**

List all memberships in clubs, associations and subscriptions

Name \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_







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